Policy on production of Society for Endocrinology clinical practice guidelines/guidance

July 2016

The term guidelines will be used throughout this document to refer to guidelines and guidance.

Introduction

Many endocrine diseases are rare diseases and evidence-based medicine is not always available to produce guidelines. Clinical practice guidelines will therefore be written on the basis of the evidence available coupled with extensive professional experience.

The purpose of this policy is to set out guidance for the production of Society for Endocrinology Clinical Guidelines. It has been developed following recommendations given by NHS Evidence Accreditation, *British Medical Journal* for clinical management guidelines and experience gained during production of previous SfE guidelines.

The guidelines will be Society for Endocrinology guidelines. Other societies will be invited to include a representative on the working party and/or to endorse the final guidelines where this is applicable. This document refers to Society for Endocrinology guidelines. There is a separate Society policy for Society endorsement of other organisations guidelines.

Aim

To publish clinical practice guidelines for endocrine disease where these are not currently available and a clinical need has been identified, to improve patient care.

1. Guideline selection

- Topics can be suggested by the Society's members or staff, Endocrine Networks, Society's project steering committees, patient support groups, other societies or members of the public.
- Suggestions for guidelines received will be considered by the Society's Clinical Committee.
- The Clinical Committee will agree which guidelines should be written, prioritising diseases where there is a clinical need and taking account of other guidelines which already exist or are in preparation by other stakeholders.

2. Guidelines working party

- The Clinical Committee, Endocrine Network or project steering committee (as appropriate) will appoint a lead for the guidelines. The lead will develop a working party. Where the condition involves a multi-disciplinary approach to treatment the authors should reflect this and be selected from the relevant specialities, professional bodies, users of the guidelines and patient representatives. The working group should include a patient representative as a full member if this would be beneficial to the writing of the guidelines.

- The working party will appoint a lead from the professional members of the group who will be the first and corresponding author for the group. This will normally be the lead appointed by the Clinical Committee, Endocrine Network or project steering committee (as appropriate). The order of the remaining authors will be a matter for the working group to decide, alphabetical or in order of input to the guidelines.

- Members of the working party must declare any conflicts of interest at the first meeting (or at any time that a conflict of interest becomes apparent during the production of the guideline). The chair has responsibility for agreeing members of the working party once these have been declared. All conflicts of interest should be stated in the guidelines document. If none state “No declarations of interest were received from any of the professional members of the development group.”

3. Scope and purpose

The scope and purpose of the guideline must be clearly defined and stated in the final guideline. This should clearly state

- The overall objective of the guideline.

- The clinical, healthcare or social questions covered by the guideline.

- The population and/or target audience to whom the guideline applies.

4. Rigour of development

- After selection of the working party a meeting will be convened to discuss the scope of the document and to define member’s responsibilities.

- Members of the working party will produce a first draft of the guidelines for wider distribution, as detailed below under consultation.

- A suggested format for the guidelines is proposed in the Society for Endocrinology Guidelines template.
- Authors should include notes on the development and purpose of the guidelines
- The guidelines should include a disclaimer statement. “The document should be considered as a guideline only; it is not intended to determine an absolute standard of medical care. The doctors concerned must make the management plan for an individual patient”.
- The guideline should include recommendations. They should be
    - Clearly stated and easily located in the final document
    - Consistent with each other
    - Cover all clinically relevant circumstances. If not the omitted areas should be referred to in the guidelines.
    - Arrived at through informal discussion of the evidence by all members of the working party. Where consensus cannot be reached, members will be asked anonymously to score their level of agreement with a draft recommendation. Additional experts can be invited onto the working party for further guidance.
    - Where appropriate the authors should give the “types of evidence and grading of recommendations” as given by the “Agency for Health Care Policy and Research” (Atkins D, Eccles M, Flottorp S, et al. Systems for grading the quality of evidence and the strength of recommendations I: critical appraisal of existing approaches The GRADE Working Group. BMC Health Serv Res 2004; 4(1):38).
- Methods used to identify and select evidence should be described clearly. Authors should record their search strategies for identifying relevant evidence, databases used, search terms used, restrictions applied (such as year, exclusion of articles not in English). This information should be given to the Society’s Policy and Professional Affairs Manager.
- Other guidelines dealing with the same topic should be discussed and any differences explained.
- Information used in developing guidelines should be referenced adequately.

5. Consultation

- Wide consultation will be carried out on all guidelines for a minimum of 4 weeks.

- Draft guidelines will be placed in the member's only area of the SfE website for comment by society members.

- Other stakeholders involved in the development of the guidelines will be asked to do the same within their society/patient support group. Wider consultation with other societies and patient support groups relevant to the condition should be undertaken.

- The guidelines will be revised based on feedback.

- The guidelines will be submitted to the Clinical Committee for approval. Other stakeholders involved in the writing process will be asked to endorse the guidelines.

6. Publication

- All clinical guidelines produced by the Society for Endocrinology will be published in Endocrine Connections, the Society's Open Access journal which is co-owned with the European Society of Endocrinology. If the Guidelines are rejected by Endocrine Connections, the Guidelines may be submitted to another of the Society's journals considered most appropriate for publication in terms of scope, audience and impact.

- Guidelines produced by the Society should be published in their full form as approved by the Society.

- The Clinical Committee will be asked to approve the revised guidelines if the guidelines are substantially amended (as judged by the lead author and the Society's Policy and Professional Affairs Manager) during the peer review process.

- Authors will assign copyright to SfE and SfE will provide a licence to publish where appropriate.

7. Dissemination and implementation of the guidelines

- The Guidelines will be freely available for download from the journal web site.

- The Society will undertake a press release In conjunction with the journal

- Other societies and patient support groups can link to the document on the SfE web site.

- Copies of the guidelines will be distributed from the Society's exhibition stand at conferences and meetings. The preferred format will be an executive summary, summary of recommendations and full PDF version of the document as published.

- Implementation of the guidelines should be monitored. Mechanisms for monitoring could include national audit and the Society's interdepartmental peer review scheme.

8. Review of the Guidelines.

- The guidelines will be reviewed and updated if necessary every 3 years from date of publication.
- Guidelines should be updated earlier if any new evidence significantly changes the recommendations or conclusions.
- Where review reveals that the guideline needs no change, it will be reissued for a further 3 years following ratification by the Society's Clinical Committee.
- Where review reveals an update to the guideline is necessary the process for the development of guidelines as outlined in this policy will be followed.

9. Finances

The Society's Council will decide the budget available for guidelines and also how many can be ongoing at one time. Clinical Committee will operate within the defined parameters.